

PROCESS RECEIPT AND RETURN

See ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF DEMETRIUS GOHRE	COURT CASE NUMBER 22-C-1403
DEFENDANTS CHAD E. BOYACK, et al.	TYPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Waiver, MJ Consent/Refusal Form
SERVE AT }	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Anthony J. Milone
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Demetrius Gohre #557236 Columbia Correctional Institution PO Box 900 Portage, WI 53901-0900	Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney or other Originator requesting service on behalf of: Demetrius Gohre #557236	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 1/31/2023
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

PROCESS RECEIPT AND RETURN

See ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF DEMETRIUS GOHRE		COURT CASE NUMBER 22-C-1403			
DEFENDANTS CHAD E. BOYACK, et al.		TYPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Waiver, MJ Consent/Refusal Form			
SERVE AT	{	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Eric Kradecki			
		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Demetrius Gohre #557236 Columbia Correctional Institution PO Box 900 Portage, WI 53901-0900		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 					
Signature of Attorney or other Originator requesting service on behalf of: Demetrius Gohre #557236		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 1/31/2023		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
_____	_____	_____	_____	_____	_____

REMARKS

PLAINTIFF DEMETRIUS GOHRE		COURT CASE NUMBER 22-C-1403			
DEFENDANTS CHAD E. BOYACK, et al.		TYPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Waiver, MJ Consent/Refusal Form			
SERVE AT	{	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ryan M. Reagan			
		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Demetrius Gohre #557236 Columbia Correctional Institution PO Box 900 Portage, WI 53901-0900		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 					
Signature of Attorney or other Originator requesting service on behalf of: Demetrius Gohre #557236		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 1/31/2023		
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
_____	_____	_____	_____	_____	_____

REMARKS

PLAINTIFF DEMETRIUS GOHRE		COURT CASE NUMBER 22-C-1403	
DEFENDANTS CHAD E. BOYACK, et al.		TYPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Waiver, MJ Consent/Refusal Form	
SERVE AT {	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jose Rivera		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Demetrius Gohre #557236 Columbia Correctional Institution PO Box 900 Portage, WI 53901-0900		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney or other Originator requesting service on behalf of: Demetrius Gohre #557236		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 1/31/2023
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy _____	
Service Fee _____	Total Mileage Charges (including endeavors) _____	Forwarding Fee _____	Total Charges _____
Advance Deposits _____		Amount owed to U.S. Marshal* or (Amount of Refund*) _____	

REMARKS

PLAINTIFF DEMETRIUS GOHRE		COURT CASE NUMBER 22-C-1403			
DEFENDANTS CHAD E. BOYACK, et al.		TYPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Waiver, MJ Consent/Refusal Form			
SERVE AT	{	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jesse J. Busshardt			
		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233			
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Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

PLAINTIFF DEMETRIUS GOHRE		COURT CASE NUMBER 22-C-1403			
DEFENDANTS CHAD E. BOYACK, et al.		TYPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Waiver, MJ Consent/Refusal Form			
SERVE AT {	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Kody Wetzel				
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Demetrius Gohre #557236 Columbia Correctional Institution PO Box 900 Portage, WI 53901-0900		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.			
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DEFENDANTS CHAD E. BOYACK, et al.		TYPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Waiver, MJ Consent/Refusal Form			
SERVE AT	{	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sgt. Caya			
		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233			
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Signature of Attorney or other Originator requesting service on behalf of: Demetrius Gohre #557236		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 1/31/2023		
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